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| <b>TRANSMITTAL<br/>FORM</b><br><br><i>(to be used for all correspondence after initial filing)</i> | Application Number   | 10/560,957             |          |
|  | Filing Date          | (INTL) July 2, 2004    |          |
|  | First Named Inventor | STEER, Brian           |          |
|  | Art Unit             | 1652                   |          |
|  | Examiner Name        | M. Meah                |          |
| Total Number of Pages in This Submission   | 45                   | Attorney Docket Number | D1150-7N |

| <b>ENCLOSURES (Check all that apply)</b>  |  |   |
|---|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input checked="" type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/<br>Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts<br>under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a<br>Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board<br>of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC<br>(Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Other Enclosure(s) (please identify<br>below): |
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| <b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b> |                     |          |        |
|---|---------------------|----------|--------|
| Firm Name   |                     |          |        |
| Signature   | /Lynn M. Linkowski/ |          |        |
| Printed name                                      | Lynn M. Linkowski   |          |        |
| Date  | February 5, 2010    | Reg. No. | 47,320 |

| <b>CERTIFICATE OF TRANSMISSION/MAILING</b>  |  |      |  |
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